

IT IS ORDERED that the application below is approved.

  
TRISH M. BROWN  
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON

In re:  
**Western Communications, Inc.,**

} Case No: **19-30223-tmb11**

)  
) AMENDED APPLICATION FOR SPECIAL  
) ADMISSION *PRO HAC VICE*,  
) **AND ORDER THEREON**

Debtor(s)

) Adv. Proc. No. (if applicable): \_\_\_\_\_

Plaintiff(s)

v.

Defendant(s)

The undersigned, attorney for the following named party(s): **Rhode Island Suburban Newspapers Inc.**  
\_\_\_\_\_, moves for admission of the following attorney *pro hac vice*:

(a) **APPLICANT ATTORNEY INFORMATION**

(1) **Personal Data:**

(A) Attorney's Name: **Nathan Q. Rugg**

(B) Firm or Business Affiliation: **Barack Ferrazzano Kirschbaum & Nagelberg LLP**

(C) Mailing Address: **200 W. Madison St., Suite 3900, Chicago, Illinois 60606**

(D) Business Telephone Number: **312-984-3127**

(E) Fax Telephone Number: **312-984-3150**

(F) E-Mail Address: **nathan.rugg@bfkn.com**

(2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number:  
**Illinois State Bar; Good Standing; Admitted November 9, 2000; BAR ID 6272969**

(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number:

(3) **Certification of Disciplinary Proceedings:**

☒ I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.

☐ I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

(4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

(1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.

(2) I have verified the information supplied by the applicant in pt. (a)(2).

(3) **Local Counsel's Personal Data:**

(A) Name and Oregon State Bar ID Number: **Britta E. Warren - Oregon State Bar #065441**

(B) Firm or Business Affiliation: **Black Helterline LLP**

(C) Mailing Address: **805 SW Broadway, Suite 1900, Portland, OR 97205**

(D) Business Telephone Number: **503-224-5560**

(E) Fax Telephone Number: **503-224-6148**

(F) E-Mail Address: **bew@bhlaw.com**

(4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83-3 with my associate counsel.

(c) **SIGNATURES OF COUNSEL**

/s/ Britta E. Warren

Local Counsel

NAME: **Britta E. Warren - OSB #065441**

ADDRESS: **805 SW Broadway, Suite 1900  
Portland, OR 97205**

PHONE: **503-224-5560**

/s/ Nathan Q. Rugg

Special Admissions Applicant

NAME: **Nathan Q. Rugg**

ADDRESS: **200 West Madison Street, Suite 3900  
Chicago, Illinois 60606**

PHONE: **773-984-3127**